

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: SYSTEM FOR EXHAUST GAS
TREATMENT COMPRISING A GAS
IONIZING SYSTEM WITH IONIZED
AIR INJECTION
Attorney Docket Number:: 0546-1077
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 2
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: SABINE
Middle Name::
Family Name:: CALVO
Name Suffix::
City of Residence:: LES CLAYES SOUS BOIS
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 1, ALLEE DES MURIERS
Address::
City of Mailing Address:: LES CLAYES SOUS BOIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-78340

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: SANDRINE
Middle Name::
Family Name:: DUPRE
Name Suffix::
City of Residence:: ORSAY
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 13, RUE FLEMING, BATIMENT A
Address::
City of Mailing Address:: ORSAY

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-91400

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: STEPHANE
Middle Name::
Family Name:: EYMERIE
Name Suffix::
City of Residence:: PACY SUR EURE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 15, RUE DE LA VERDERIE
Address::
City of Mailing Address:: PACY SUR EURE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-27120

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: ALICE
Middle Name::
Family Name:: GOLDMAN
Name Suffix::
City of Residence:: GIF-SUR-YVETTE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 5, CHEMIN DES BUTTES

Address::

City of Mailing Address:: GIF-SUR-YVETTE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-91190

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: MAX

Middle Name::

Family Name:: GOLDMAN

Name Suffix::

City of Residence:: GIF-SUR-YVETTE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 5, CHEMIN DES BUTTES

Address::

City of Mailing Address:: GIF-SUR-YVETTE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-91190

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: YVANE

Middle Name::

Family Name:: LENDRESSE

Name Suffix::

City of Residence:: RUEIL MALMAISON

State or Province of

Residence::

Country of Residence:: FRANCE
Street of Mailing 10, AVENUE PAUL DOUMER
Address::
City of Mailing Address:: RUEIL MALMAISON
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-92500

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/02614	8/29/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/10752	8/30/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::